



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012

### BUSINESS LICENSE APPLICATION REFERRAL SUMMARY SHEET

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26260 BOUQUET CYNRD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 255-0585

OWNER OF BUSINESS: SU YONG JEON

CAL. DR. LIC#:

NAME OF PERSON FINGERPRINTED: SU YONG JEON

FICTITIOUS NAME: BEST MASSAGE

MAILING ADDRESS: 26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

			<b>APPROVED</b>	DATE	SIGNATURE
	1.	Animal Care & Control			
	2.	Risk Management			
X	3.	Building & Safety	YES	06/19/15	ddo
X	4.	Fire Department	YES	07/21/15	tchen
X	5.	Public Health	YES	06/21/16	nlove
	6.	Treasurer & Tax Collector		***************************************	
X	7.	Business License Commission	-	-	
X	8.	Sheriff Department	YES	09/24/15	tchen
X	9.	Regional Planning Commission	YES	06/19/15	ddo
	10.	. Weights and Measures			
X	11.	. Publishing	YES	06/24/16	tchen
	12.	. Public Works - EPD			·
X	13.	. Sheriff Fingerprint	YES	09/24/15	tchen
	14.	. Emergency Medical Services			

Conditions:



### Los Angeles County Treasurer and Tax Collector

### **Application for Business License**



Please note: Business License fees are NOT refundable

Fee: \$ 2158,00

10#<u>142440</u>

BUSINESS INFORMATION							
Type of Business: Address of Business:							
	26260 RAUGUA	t CANYON Rd					
11.		65-12 to 6					
Message Parlox Gener DBA (Business Name):	OI SAUTA CIA	FITA SCH 9/2 TA					
DBA (Business Name):	` Mailing Address:	, , , , , , , , , , , , , , , , , , , ,					
BEST MASSAGO	E 26260 BOUQUE						
Sellers Permit # (State Board of Equalizat	ion):	ita CA 9/350					
Business Ownership Structure:	Sinds On the State of the State						
	Single Owner 💇 Partnership LL	.C Corporation					
If LLC or Corporation, the information be	iow is requirea:	Caracteristic Marie Caracteristic Commission					
Date of Incorporation:	Incorporated in the State of:	2.55					
Exact Corporate Name:							
Names of Officers	Addresses	Titles					
	1.						
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	APPLICANT INFORMATION	<b>.</b>					
Applicant's Full Name:							
Su Yon	Sy Yong JEON						
Home Address							
Home Telephone: Ce	ll Phone: Email a	ddress:					
<u> </u>							
Social Security #: Da	te of Birth: Place o	f Birth:					
Driver's License or State ID#:	Expiration	on Date:					
Male Female Height	Weight Hair Colo	Eye Color					
The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the							
license applied for, I agree to submit any	additional information that may be require	ed, to conduct all phases of this husiness					
license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be							
and the state of t							

Date: b / 14/2015 Applicant's Signature:

Application taken by: \_\_\_\_\_\_ Date: 6-15-15

used in connection therewith in conformance with all applicable laws, ordinances and regulations.

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

#### BUSINESS LICENSE APPLICATION REFERRAL

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TELEPHONE: (661) 255-0585
OWNER OF BUSINESS: SU YONG JEON
CAL. DR. LIC.#:
NAME OF PERSON FINGERPRINTED:
FICTITIOUS NAME: BEST MASSAGE
MAILING ADDRESS: 26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350
DATE THAT YOU STARTED BUSINESS:
PREVIOUS OWNER'S NAME, IF KNOWN:
THIS IS AN APPLICATION FOR:NEW LICENSE

# BUILDING & SAFETY SANTA CLARITA

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RECOMMENDATION:	We ore commen	d	approval
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	Comment of American Ministration of the Comment of	u in	annamaka - 1940. Ann venerin sayan mana isik Jensillisisisis sitatakin danahada kepekitu yaki dalah is
SIGNATURE:	Hamuel	DATE:	6/19/15

BASIC LICENSE NO. 8430

DATE 06/19/15

IDENTIFICATION NUMBER 142440

7/04/2018 0:02 FAX 06/30/2018 TUN 10:19 PAX 5612861134 F6 126				2 0001/0001 2 007/011
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COUNTY OF LO	SANGELI	RS		
TREASURER AND TA	vx dorri	CTOR	in i minimi	
225 N. Hill Street Room 109, P.O. Box 54	4970   Los Ang	olos, CA 900	54-0970	
Business L Application				,.
APPLICATION			126	
Kind of Business: Massage Parlor-General/S	sc			
Address of Business: 26260 Bouquet Cynrd.	SANYA PLA	RITA, CA	91350	
TELEPHOTE: (66) 255-0585				
Owner of Business: Su Yong Jeon				
CAL DR. LIC#				
name of Person Fingerprinted:				
FICTITIOUS NAME: BEST MASSAGE	And the second of the second o			٨
MAILING ADDRESS: 26260 BOUQUET CYN RD, SAN	ita ekarit	A, CA 9135	SQ.	
DATE THAT YOU STARTED BUSINESS:				
Previous Owner's name, IP Known:				
This is an application for: new license				
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APPROVAL		DENIA	<b>L</b>	
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SIGNATURE	PA	Te 7/	3/15	are a separate de la
St. All Andrews		I he has	MAGERIA A ANTONE FI	Nation 146440
Basiqlicense No. 8430 Date 96/19/15			ntification N	AMDITO TATABA

IDENTIFICATION NUMBER 142440



BASICLICENSE NO. 8430

## COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



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ADDRESS OF BUSINESS: 26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350	
TELEPHONE: (661) 255-0585	
OWNER OF BUSINESS: SU YONG JEON	
CAL. DR. LIC#:	
NAME OF PERSON FINGERPRINTED:	
FICTITIOUS NAME: BEST MASSAGE	
MAILING ADDRESS: 26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350	· •
DATE THAT YOU STARTED BUSINESS:	
PREVIOUS OWNER'S NAME, IF KNOWN:	
THIS IS AN APPLICATION FOR: NEW LICENSE	
PUBLIC HEALTH	
LA COUNTY	
	•
APPROVAL DENIAL	
RECOMMENDATION:	
SIGNATURE: 1/artiner DATE: 6/16/2	0/6

DATE 01/20/16

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

#### **BUSINESS LICENSE** APPLICATION REFERRAL

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ADDRESS OF BUSINESS: 26260	BOUQUET CYN RD,	SANTA	CLARITA,	CA 91350			
TELEPHONE: (661) 255-0585							
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NAME OF PERSON FINGERPRIN	TED:						
FICTITIOUS NAME: BEST MAS	SAGE	•					
MAILING ADDRESS: 26260 BO	UQUET CYN RD, SA	NTA CLA	ARITA, CA	91350			
DATE THAT YOU STARTED BU	SINESS:						
PREVIOUS OWNER'S NAME, IF	KNOWN:			·			
THIS IS AN APPLICATION FOR: NEW LICENSE							
	REGIONAL SANTA C						
⊠A	PPROVAL		D	ENIAL			
RECOMMENDATION: CAPPO	stal for massage	parlor	ofc	25-948			
SIGNATURE: A MA		i australiäheleksiksiksiksiksiksiksiksiksiksiksiksiksik	DATE:	6/22/15			
BASIC LICENSE NO. 8430	DATE 06/19/1	5		IDENTIFICATION NUMBER 142440			

DATE 06/19/15

BASIC LICENSE NO. 8430

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### SHERIFF FINGERPRINT LA COUNTY

	APPROVAL	DENIAL
RECOMMENDATION:		
	Depart)	
SIGNATURE:	1/0 823	DATE: 9/24/15